

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Show to whom and when delivered | <input type="checkbox"/> Show to whom, when, and address where delivered | <input checked="" type="checkbox"/> Deliver ONLY to addressee |
| (Additional charges required for these services)                    |  |   |

## RECEIPT

Received the numbered article described below.

|                           |   |   |
|---------------------------|---|---|
| REGISTERED NO.            | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div> | SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) |
| CERTIFIED NO.<br>492734   |   | SIGNATURE OF ADDRESSEE'S AGENT, IF ANY                    |
| INSURED NO.               |   |   |
| DATE DELIVERED<br>4-29-68 |   | SHOW WHERE DELIVERED (only if requested)<br>Adamsburg PA  |

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| CERTIFIED NO.<br>492735       |   | SIGNATURE OF ADDRESSEE'S AGENT, IF ANY                    |
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| CERTIFIED NO.<br>492736       |   | SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  |
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| CERTIFIED NO.<br>492737   |   | SIGNATURE OF ADDRESSEE'S AGENT, IF ANY                    |
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